

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 07/16/15

M/V Crash: 15-09099

Officer: Sgt. Pekar #206

Squad #511

1.Classification I.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



U130278765

DRAC U1	PEDV U2	TRFD 2	TRFC 4	WEAT 8	DRVA U1	VIS U2	VEHD U1	U2	LGHT 5	COLL 15	MANV U1	PPA U2	PPL 999	*P0113*																																																				
INVESTIGATING AGENCY NORRIDGE					DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500					TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED					<input checked="" type="checkbox"/> No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash					AGENCY CRASH REPORT NO. 20150009099					TRFW 1																																									
ADDRESS NO. 3600 BLOCK OF OLCOTT					HIGHWAY or STREET NAME WAVELAND					CITY CHICAGO					COUNTY COOK					INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					DATE OF CRASH 07/13/15					TIME 01:43 PM					LARS CODE 77500OLC					VEHT U1 15																										
<input type="checkbox"/> FT / MI N E S W <input checked="" type="checkbox"/> AT INTERSECTION WITH					(NAME OF INTERSECTION OR ROAD FEATURE) WAVELAND					DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					NUMBER MOTOR VEHICLES INVLD 2					LARS CODE 03700WAV					U2 15																																									
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PASSENGERS & WITNESSES ONLY					(NAME) / (ADDR) / (TEL)					(HOSP)					(EMS)					VEHU U1 1																																														
PASSENGERS & WITNESSES ONLY					(NAME) / (ADDR) / (TEL)					(HOSP)					(EMS)					VEHU U2 1																																														
PASSENGERS & WITNESSES ONLY					(NAME) / (ADDR) / (TEL)					(HOSP)					(EMS)					VEHU DIRP 5																																														
PASSENGERS & WITNESSES ONLY					(NAME) / (ADDR) / (TEL)																																																													

U130278765

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

⑤

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O
T
T

2*

WAVELAND

3
B
O
O
K* NOT DRAWN
TO SCALE

NARRATIVE (Refer to vehicle by Unit No.)

ON 07/13/15 AT APPROX 0143 HRS DRIVER OF UNIT #1 WAS S/B CLARENCE
APPROACHING THE INTERSECTION OF WAVELAND AVE. DRIVER OF UNIT #2
WAS E/B WAVELAND CROSSING OLCOTT. THE INTERSECTION IS
CONTROLLED BY ONE STOP SIGN ON THE N/W CORNER OF OLCOTT/
WAVELAND. THE FRONT END OF UNIT #2 STRUCK THE PASSENGER
REAR DOOR AND 1/4 PANEL OF UNIT #1 CAUSING DAMAGE.
REFERENCE CHICAGO POLICE INCIDENT # 1519401213. NO INJURIES
NO TOW.

LOCAL USE ONLY

U1 Color

BLACK

U2 Color

BLUE

U1 Towed by / to

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

Highway number ☐ I- ☐ US ☐ State ☐ Other no.Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐TRAILER 2 ☐

TRAILER LENGTH(S): 1 _____ ft

TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft

NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE _____ LOAD TYPE _____



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Anthony Pekar Star #: 206 Date: July 27, 2015

TYPE OF VIOLATION

Attendance	Carelessness	Insubordination	Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	x Motor Vehicle Crash	Missing a Court Date

Date of Violation: July 13, 2015 Time of Violation: 0143hrs

DESCRIPTION OF VIOLATION:

Officer involved in a "Preventable Property Damage Car Crash" as determined by the Accident Review Board. Accident Review Board classified the crash as a 2a, in that the officer failed to exercise reasonable care. (15-09099) No prior accidents within the last 24 months of this violation.

OFFICER'S STATEMENT:


☒ I agree with the above description ☐ I disagree with the above description

My reason is: _____


Officer's Signature

206
Star #

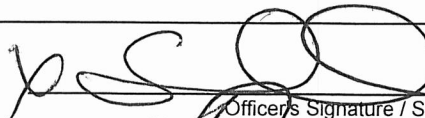
7/27/15
Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
Verbal Warning		
X Written Warning	<u>7/27/15</u>	
Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

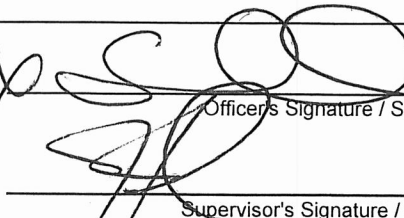
Per departmental policy, a second preventable accident within 24 months of the date of this violaton, will result in a two day suspension and attendance in a remedial Defensive driving Course.

I have read and understand this warning;


Officer's Signature / Star#

7/27/15
Date

Supervisor Issuing Warning:


Supervisor's Signature / Star #

7/27/15
Date